

Community and Patient Involvement Strategy

July 2011

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Executive Summary

- Central Surrey Health (CSH) is **the UK's first employee-owned, not-for-profit social enterprise providing therapy and community nursing services.**
- The Customer & Patient Involvement (CPI) Strategy is the next step in the transformation programme that enables us to **put patient and community voice at the heart of service review and improvement.**
- We believe **the voice of the patient is gold-dust** – it provides a check on our progress, a vital vehicle to support change, a prompt for innovation. As such it offers an important commercial advantage if we listen and act upon what we hear. The voice of the customer will become embedded internally in the monthly performance report and core briefings to senior management; and externally through 'You Said - We Did' stories.
- CSH serves nearly 40,000 patients and a diverse community of 280,000. Our 750 co-owners are those most in touch with patient's needs and, supported by the correct CPI strategy, they will have **the power and motivation to act on what our patients tell us.**
- Our current CPI methods meet minimum requirements and offer a great foundation on which to **build a more comprehensive and innovative approach.**
- This strategy outlines methods for **gathering information from individual patients**, methods for **interpreting and using this information** to shape our operational activity, and methods for **two-way communication** between the community and CSH
- Patient experience and satisfaction will be gathered through **dynamic surveys and innovative 'Tell Your Story' methods.** These are easy for patients to complete and for us to analyse and produce statistics on trends and key insights.
- The Knowledge Bank is the name for the Formic database we will populate. It will hold the first-hand accounts and statistical information that we will need for **demonstrating our progress, supporting tender bids and revolutionising healthcare.**
- We will **increase our connection with the wider community** through innovative means including 'social media', and by presenting ourselves

as an engaging and approachable presence at high profile events and at traveller sites. Each contact will be an opportunity to convey relevant information to specific patient or hard-to-reach groups and give us a chance to **invite the community to tell us their story**.

- We will continue to **dialogue and build relationships with a wide range of third party groups & organisations**, using existing forums and events as opportunities to take CSH to the community. In time, we aim that **some of these will become highly engaged advocacy groups** able to help improve our communication with those we need to hear from.

We have developed **an ambitious work plan to deliver our CPI vision** in the next few years until it is embedded in our organisation and superceded only by our growing ambition. It will **put patient and community voice where it should be, on the front line of the community health revolution**.

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Introducing the CPI strategy of Central Surrey Health

The aim of this strategy is to set out a fresh new approach to Community and Patient Involvement within Central Surrey Health. This goes to the core of our larger strategy as an organisation seeking to revolutionise the way healthcare is provided. To do this, we need to be better at hearing our public and those using services – and then acting.

We should now be in a conversation. If we are serious about big, ambitious strategic goals such as major growth or the co-creation of health outcomes, the sharing of responsibility with patients, this has to start with really strong CPI. And, irrespective of our ambitions, the conversation we have with users is going to matter a lot more than it did during the years of increasing budgets.

Resources and demand are now heading in opposite directions. Hard choices are having to be made in the way health outcomes are achieved. We may need to change services quite dramatically. If we are to be able to manage these changes properly, our engagement with patients and communities has to be fit for purpose. This is the strategic context of this piece of work.

In terms of our own identity as a co-owned business, CPI has to sit more centrally in our vision of who are and what we stand for. Social enterprise is not just a convenient term - it defines the way we work differently with our

patients, the community and one another. We value patient insight. It helps us see how we have demonstrably added social value and focuses our attention on what it is humanly possible to do next.

CSH – who we are as a business

We are proud that Central Surrey Health (CSH) is the UK's first employee-owned, not for profit social enterprise providing therapy and community nursing services.

Our ethos is to combine the values and principles of the NHS with the 'can do' culture of a successfully run business. As an employee-owned organisation our co-owners (staff) are directly involved in running the business – which means those people who are most in touch with patients' needs are given the power and the motivation to develop our services. Being a not-for-profit social enterprise means that any surplus is ploughed straight back into local healthcare, benefiting patients and customers we serve.

Our aim is to deliver the very best services for our patients, our customers and Surrey's taxpayer. The removal of bureaucratic processes, improvements in productivity and driving up quality are at the heart of our business model. Building on our changing culture, we have achieved efficiencies through a programme of transformation and productivity. We have embedded these methodologies into our business so that, year on year, we can continuously review and improve the way we operate and the services we deliver. Community and Patient Involvement (CPI) is therefore very important to us.

Our CPI Strategy is a transformation programme that will embed methodologies which, in turn, will enable us to put patient and community voice at the heart of service review and improvement.

The leading theme in the strategy is the absolute centrality of the user and community voice. Typically in large, publicly funded bodies, the voice of the user is neither clearly heard nor celebrated. Feedback from users is often seen as less important than it would be in any other business. This strategy is about changing that - moving to a place where the voice of the patient is seen as gold-dust, a vital vehicle to support change, a force with which to engage, to create or manage change and a prompt for innovation.

Furthermore, increased competition in the non-acute healthcare sector will mean that organisations which are well-attuned to the views, preferences and voices of users will be at a distinct commercial advantage to those that are not. Put plainly, this CPI strategy will, we hope, help make CSH a more sustainable business over time by supporting a culture of responsiveness to what the market is saying.

3. Facts and context

CPI essential facts

- 280,000 residents in the central Surrey area - our 'community'.
- 38,190 distinct CSH patients in the calendar year 2010 - our 'patients'.
- 750 co-owners at Central Surrey Health - our 'co-owners'.
- CSH has approximately 750 patients a week, 3,000 a month.

It sounds, at first, like a straightforward equation – 750 users each week, 750 staff. Shouldn't patient engagement at least, therefore be quite easy? Unfortunately not. We need to remember that a number of CSH co-owners have no patient contact at all. Moreover, our contact with patients is very uneven. Some are being seen daily, or are receiving 24hr care at one of our hospitals. Others see our co-owners only occasionally. **These facts tell us that we need to give careful thought to how we access the views and voices of our patients.**

This problem is writ large in regard to the wider community. There is one co-owner to every 375 people in Surrey. This points to an even tougher job when it comes to engagement. But there are ways of touching large numbers of the community in a single hit (eg. The Surrey Show, which has 40,000 visitors) and it is useful get a sense of this. The average person, let's remember, has two hundred contacts within a community. As most of CSH's co-owners live within this community and many people are users of CSH services, **we are able to see**

the community less as an anonymous mass and in more human terms
when it comes to our CPI strategy.

Surrey facts

Although Surrey is probably viewed by the rest of the UK as a comfortable, white, leafy place, the picture is, we know, far more complex than that. First of all, Surrey is more diverse than people imagine¹:

- 87% White British
- 1.2% Irish
- 2.3% Indian
- 1.6% Pakistani
- 1.2% Caribbean
- 1.2% African
- 3% Other

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The population is relatively old...

- Only 6% of the population is aged 0-4
- While 15% of the population is aged 65+

And there is the usual spread of health challenges facing any county:

- There are 644 traveller vans in Surrey (many of whom do not access health services)
- 18.4% of the population smoke
- 15.6% of the population binge drink
- 26.3% of the population eat less than 5-a-day
- There are 23/1000 teen pregnancies

Mosaic geo-demographic resident types²

Mosaic UK is Experian's system for classification of UK households. Mosaic classifies Britain into 11 Main Groups. According to Mosaic resident types, over 50% of the Surrey population are affluent middle class home-owners. These resident types sub-divide into:

- **35% Symbols of Success:** contains people whose lives are 'successful' by whatever yardsticks society commonly uses to measure success. These are people who have rewarding careers rather than jobs, who live in sought after locations, drive nice cars and who indulge in the most exotic leisure pursuits. Most, though not all, appear to enjoy stable household arrangements.

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¹ Surrey County Council population data

² Source Surreyhealth.nhs.uk JSNA – 2009 Section 5 Lifestyle

- **21% Suburban Comfort:** comprises people who have successfully established themselves and their families in comfortable homes in mature suburbs. Children are becoming more independent, work is becoming less of a challenge and with more time and money on their hands, people can relax and focus on activities that they find intrinsically rewarding.

The next two largest groups are:

- **11% Happy Families:** contains people whose focus is on career, home and family. These are mostly younger age groups who are married, or at least in a permanent relationship, and are now raising children in post-war family houses. The focus of expenditure is on equipment for the home and garden, and the immediate family unit is the principal focus of leisure activities.
- **8% Blue Collar Enterprise:** comprises people who, though not necessarily very well educated, are practical and enterprising in their orientation. Many of these people live in what were once council estates but where tenants have exercised their right to buy. Tastes are mass market rather than individualistic and focus on providing comfort and value to family members.

The elderly are represented as:

- **7% Grey Perspectives:** consists mostly of pensioners who own their homes and who have some source of income beyond the basic state pension. Many of these people have, on retirement, moved to the seaside or the countryside to live among people similar to themselves. Today many of these people have quite active lifestyles and are considered in their purchasing decisions.
- **2% Twilight Subsistence:** consists of elderly people who are mostly reliant on state benefits, and live in housing designed by local authorities and housing associations. Some live in old people's homes or sheltered accommodation, while others live in small bungalows, set in small enclaves within larger council estates. Most of these people spend money only on the basic necessities of life.

These Mosaic geo-demographic resident types merely help us gauge the type of population we are dealing with and then plan accordingly. In real life, people rarely conform to type. They are much more wonderfully complex and human than that. They are Anthony, Claire, Philip, Oluremilekun, Gladys and Mr Thompson. This CPI Strategy makes it our business to know them as an individual as well as part of a resident group.

Current legislation and policy in this area

Central Surrey Health has a legal duty to capture and respond to the views of those who use health services and the wider community - to ensure that services are patient-led and designed to meet local needs.

The involvement of service users and the local community in NHS organisations, services and decision-making is covered by two key pieces of legislation:

- **The NHS Act 2006**
- **The Local Government and Public Involvement in Health Act 2007.**

Section 242 of the consolidated NHS Act 2006 (which replaced Section 11 of the Health and Social Care Act 2001) sets out the statutory requirement for NHS organisations to involve and consult patients and the public in:

- planning and provision of services
- development and consideration of proposals for changes in the way services are provided
- decisions to be made by NHS organisations that affect the operation of services.

In October 2008, a best practice guide to implementing Section 242 was published, entitled '**Real Involvement - working with people to improve health services.**'

Section 244 of the consolidated NHS Act 2006 (which replaced Section 7 of the Health and Social Care Act 2001) requires NHS organisations to consult relevant Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

In addition, the **Local Government and Public Involvement in Health Act 2007** places duties on local NHS organisations to involve Local Involvement Networks (LINKs) in commissioning decisions and to report on consultation.

The **Care Quality Commission (CQC) Outcome 1** is all about involving patients in their care. This policy guidance measures the outcomes of respecting and involving people who use services and consent to care and treatment.

Our current community and patient involvement position

What do we do now? We already try hard to listen to what our patients tell us. We also know that our status as a co-owned social enterprise means the people who are most in touch with patients' needs have the power and motivation to act

on what we hear. Broadly speaking, we are compliant with what the Care Quality Commission (CQC) sets out as a basic requirement. Taking this forward, we want to take the range and depth of our activities beyond compliance.

Here's a **guide to our current community and patient involvement work.**

Surveys: CSH conducts a range of surveys, including successful CQUIN questionnaires during 2011. The latter survey was conducted by a Community & Patient Involvement Co-ordinator and was one of three areas, including Inpatients and Enhanced Quality Heart Failure Rate, that needed measuring to secure a quality payment. This payment is an essential part of CSH's funding, so we needed to ensure that we'd made the grade on certain key indicators.

The Community & Patient Involvement Co-ordinator conducted two surveys for the MS and Parkinson's disease specialist services. The surveys went out to 100 service users of each service and had a personal letter introducing the survey. Response rates were high at 68% and key questions that required a 70% 'agree' response were met, thus ensuring CQUIN funding. The Co-ordinator produced two reports after the survey - for CSH internally and the patients themselves. We are proud to have had such a high response rate from our patients and it was good business sense to provide the respondents with a report of our findings.

Comment Cards: We operate a comment card system, but it has had little usage and is unavailable at some sites. We expect to bring this into focus as a key element of our CPI activity.

Compliments and Complaints: The Complaints and Compliments service provided by CSH is first class. Our team responds quickly and in the most human way possible. The Compliments and Complaints mantra is 'Listen, Open a Dialogue, Commit to Take Action, Act, Follow-up'. Patient stories are collected, from letters to services, and feature in 'Ahead of the game' our internal newsletter.

Service Surveys: We survey patients regularly at a clinical level to ensure that we are keeping our patients happy, monitor standards and continually improve service. For example, the patient satisfaction questionnaire conducted by the Chronic Pain team allows the team to monitor patients' % improvement. It has also highlighted the fact that funding for exercise referral schemes was a problem and enabled the team to act to secure further funding.

In the Speech and Language Service, one of our Speech and Language Therapists embedded in a school used simple feedback questionnaires to measure outcomes. Due to the limited communication ability of the young service users, their feedback was gauged by using a smiley face questionnaire. The combined team around the young people of both education and community health professionals had also experimented with other forms of feedback such as green and red cards, and recording children's voices to measure satisfaction and understanding.

Groups: We take an active part in the Community and Patient Involvement efforts in the excellent third party groups that support patients and the wider community in Surrey. We all desire the best outcomes for Surrey's health, so attending one another's events, forums and focus groups is something we do well here. This gives us awareness of others' activity and we encourage opportunities for collaborative work, eg joint surveys.

Here's a list of **some of the groups with whom we have active relationships:**

- LINKs
- SUDEN
- Surrey Coalition of Disabled Groups
- Surrey Empowerment Group
- Surrey Faith Group
- GIRES
- The League of Friends
- Macmillan
- RNIB
- RNID
- SID.

4.

Key objectives

The audiences that this CPI strategy aims to reach and influence are:

- Patients and service users
- The Community - includes the families or carers of patients, clients (eg new mothers who are not deemed to be patients), advocacy groups, fundraising groups and the wider population that live within our geographic boundaries
- Central Surrey Health Co-owners
- Our local partner agencies
- Our commissioners
- The CQC and other regulators
- Our prospective future business customers.

What needs to be done?

Our CPI strategy will:

- be very clear about how we are going to gather, hear and act upon patient and community voices
- reflect the CSH strategy, mission and values
- be driven by our co-owned desire to revolutionise healthcare
- find innovative ways to meet CQC and emerging inspection authority targets
- ensure all services have a method by which to gather patient voice/story
- aim to gather the voice from 10% of our service users annually
- make community and patient involvement work for all audiences, especially the hard-to-reach
- develop a clever, but intuitive operating system that asks openly how our patients and the community feel about us, capturing the response in human ways and can then storing, intuiting, sharing content and learning dynamically
- providing a clear feedback mechanism that incorporates user engagement with service delivery/development and change
- reflect current best practice around CPI and ultimately aspire to shape a new understanding of best and creative practice.

5.

The best way to go about CPI

The strategy arrived at has been shaped by looking at what the CQC had to say on the matter, talking to engagement experts and, of course, asking our patients, communities and co-owners what would work best for them.

We had a careful look at the sixty engagement methodologies outlined as effective by the CQC and thought about which would work now, then drew up a list of preferred ideas to bring in later.

Some of the CPI methodologies outlined as effective by the CQC include:

- Life story
- User involvement groups
- Study days
- Debate
- Community radio
- Handheld trackers
- Volunteer events
- Specialist speakers

- Patient and carer councils or 'Parliaments'
- Mystery shopper
- Street canvassing
- Service pathways co-creation

The methodologies and their successful mix of applications in different parts of the country caused us to think carefully about what would work best for our community and patient profile.

This groundwork means we have a healthy to-do list once the methods we have selected are getting us and our patients and communities the results we are looking for: revolutionising healthcare.

Our choice of method is based on a mixture of what we believe works best, what is realistic for a smaller healthcare provider to do and what fits most comfortably into the wider ethos and strategy of CSH.

The following CPI methods will be taken forward by CSH. They split into three categories:

- a) methods for gathering information from individual patients**
- b) methods for interpreting and utilizing information**
- c) methods for two-way feedback to occur between the community and CSH.**

Methods for GATHERING INFORMATION

1. Dynamic patient surveys:

These are written surveys completed by patients as they go through the system. We will focus our in-house resource on the build and evolution of a dynamic survey system. This will give us information and insight on:

- patient experience
- patient satisfaction.

This data will be coded against:

- CQC and other inspection regimes' performance indicators
- how we perform against our CSH Values
- how we perform against our CSH Strategy.

Our three business units (Long-term care, Short-term care and Children and Families) will work with our CPI lead to develop and carry out a

minimum of two surveys each in year one, six in total. One survey for each business unit will be for the CQUIN target. The other will be agreed with the business unit leader at the outset of the year.

These are dynamic surveys. When they come back to us we immediately digitally scan them in, using our Formic software and analyse the output for trending statistical information and insight.

Our forty service lines will continue to run their own service surveys. Examples of this are the Chronic Pain patient satisfaction questionnaire that allowed the team to monitor patients' % improvement and the Speech and Language Therapy feedback questionnaires.

2. Tell Your Story:

Because we aspire to be revolutionary in healthcare, we've decided to innovate and have pioneered our own hybrid, high-tech patient and community voice format. **'Tell Your Story' has been inspired by the Life Story work we researched to devise this strategy.** We'll be designing and printing a CSH branded A5 card that bears the simple slogan 'Tell Your Story' and leaves a large blank box for people to write as much as they want, telling us about their patient experience in a simple, human way. This card is multi-purpose to be used in clinics, hospitals and at events, but (here's the hi-tech bit) always bears a Formic barcode, some simple qualifying information and opt-in statement: 'Your story will be used to keep Surrey in better health, please tick this box to allow us to put what you say to good use'. Collected stories (and collection methods need to be robust) will be immediately scanned into our Formic database and coded against the same measurements we apply to our Dynamic Surveys.

The 'Tell Your Story' card will be used at, in or with:

- **our community hospitals and clinics:** performing the function of a comments card; a new display system will be created along with posters encouraging patients to tell their story; we will work with our bases to embed ways of inviting patients to tell us their story.
- **District nurses:** and all other in-home services co-owners will carry the card and seek to hear patient stories in their work.
- **Meetings and forums:** in the space of five minutes people can tell their story on any subject you need to ask them.
- **Service Surveys:** a final 'Tell Your Story' paper A4 version of the card will be made available to all clinical leads for them to attached to the end of Service Surveys; this gives all services a method by which to gather patient voice/story.
- **Community events:** created and run by CSH or not, the 'Tell Your Story' card is an effective ice-breaker; people love telling their story and, with the

right kind of open and friendly introduction and explanation of what the story is for, need little encouragement.

Methods for INTERPRETING AND USING INFORMATION

1. The Knowledge Bank:

The Knowledge Bank is the name we have given to our CPI Formic database. It holds the first-hand accounts and statistical information we need to revolutionise healthcare: all of the dynamic survey data and a growing chorus of patient and community voices, drawn from the 'Tell Your Story' card, compliments letters and the dialogue boxes of both our dynamic and service surveys, each coded at scanning point by:

- CSH values
- CSH strategy
- Transforming community services KPIs.

The Knowledge Bank is scalable, so that, for example, as CQC outcome requirements come into force, or new CSH QIC initiatives are begun, each entry can be coded by new layers of indicator sets.

We have a stated aim of capturing 10% of patient voices in our first year of CPI. These first-hand accounts form a valuable resource and support the statistical information for use in presentations, tender bids and reports.

2. Data-Mining: CSH has rich seams of existing data that contain patient and community voice. These are often left un-analysed – or 'unmined'. Three examples of sources that will be 'mined' in the first year are:

- complaints and compliments system
- co-owner spirit award
- innovation award.

The forty service lines will be asked to code and input the voice element (open question boxes from questionnaires) of their own conducted Service Surveys and

send this database to CPI for entry into the 'Knowledge Bank'. Examples of this are:

- Chronic Pain patient satisfaction questionnaire
- Speech and Language Therapy feedback questionnaires.

Our Community Hospitals get a lot of 'thank you' cards and letters. These, too, contain valuable information that can enable us to be the responsive provider we aspire to be.

3. Operational embedding: the crucial part of any CPI strategy. Community and Patient Involvement is all about 'You Said, We Did. Here's how service changed for the better, thanks to you'. The Knowledge Bank will be a vital resource for CSH.

The voice of the customer will become embedded internally and externally:

Internally

- Via the monthly performance report to the PCT.
- Through the monthly Core Brief - one key story, backed up with a salient statistic, will be selected to be told by the MD.
- The CPI Co-ordinator will attend each of the CBU meetings in turn and feed back that month's business unit's patient and community voices and/or Dynamic Survey results.
- On the fourth month the CPI Co-ordinator will attend the CBU Strategy meeting and strategise ways to make patient and community voice better heard, acted upon and fed back.

Externally

- 'You Said – We Did' Posters will be supplied for the bases to give patients and the community feedback.
- A Radio Jackie monthly spot will tell 'You Said – We Did' stories.

The embedding of CPI is, thus, led from the top, taken up by the business unit heads and cascades like a hot story through the rest of CSH. CPI becomes an integral part of service design, as will the Customer Service Strategy

By the end of year one further layers of coding can be added to give evidence of patient and community voice around QIC, TCS or CQC targets. Data will be easy to scan, code, search and spread, a highly valuable resource for revolutionising healthcare.

Methods for ENCOURAGING FEEDBACK BETWEEN THE COMMUNITY AND CSH

Information needs to go into productive action which is then communicated back. Some methods of generating feedback from patients are tackled in the methods outlined earlier. 'Tell Your Story' cards, for example, give people the option to give us their phone number. If they do this, the card will be scanned and coded and then passed to the Customer Liaison and Communications Officer for instant action. From there, our proposed 'You Said ,We Did' posters will also be used as part of a wider community awareness campaign, promoting the fact that CSH listens to its patients and community and then acts on what it has heard.

1, Social Media

Social Media will play an emerging role in our CPI strategy. Our first ambition is the piloting of a 'Tell Your Story' button on our website, where a digital version of the card can be tested to see what response we get. It is very important to offer this in the digital age and will help us to engage the young, silver surfers and our hard-to-reach groups.

2. Community Involvement

But what of the community more broadly? Relatives of patients?

Prospective or past patients? It is also essential that we close the feedback loop with our clinicians, the co-owners most in touch with patients who want to develop our services. By including CPI in the monthly performance report, featuring in Core Brief and articles in Ahead of the Game, we will keep CPI in the forefront, continually reporting findings and celebrating the successes of the strategy.

We will tackle four Surrey health issues in the first year, covering the hard-to-reach, major Surrey health issues that are likely to be performance managed more heavily in future and the large affluent sector of our community.

At each of these events and at all future community involvement events, CSH staff trained in patient and community story gathering will attend and go about the pleasurable business of asking people to tell us a story:

- **Child health: 'Makaton Army'**. The training up of a dedicated CSH and community volunteer makaton army that works with the Speech and Language team to gather patient stories using makaton and transcribing what has been signed onto the 'Tell Your Story' card.
- **Diabetes: 'The Surrey Show Finger-Prick Platoon'**. Over forty thousand people visit the Surrey show. CSH can offer this free diabetes testing service, in collaboration with Diabetes UK, and become best in show. Small team, big win. Question for the 'What's Your Story' card: 'Why did you visit the stand today?'

- **Traveller Health: 'Trojan Horse'**. An Innocent Smoothie van is hired for a day (Approx £850) and taken to the traveller sites. Health advice is handed out with the liquid 5-a-day. Question for the 'What's Your Story' card: 'How can we help you be a healthy traveller community?'
- **End of Life Planning: 'Plan Your Legacy'**. In partnership with local solicitors, CSH will market and deliver a free advanced life planning service in the form of a forum at the best setting for people of advanced years and follow up one-to-one meetings with local solicitors and, if appropriate, a CSH co-owner. 'What's Your Story' card question: 'What worries you most about getting older?'

The Community Involvement strand of this CPI Strategy is a real chance for us to make a difference. CSH is building an in-house capacity for community voice capture in the form of our Tell Your Story cards and the Knowledge Bank. Basic facilitation skills training may be of use to the communications team, to give them the skills to be able to deliver these involvement activities. This is a skill that they can then pass on to future CSH community event volunteers.

The first year programme of community involvement stated above gives CSH an opportunity to decide what it wants to do on a larger scale over the evolving years. Is it a full scale health revolution marquee at the Surrey Show? Does CSH create the largest community choir ever seen and get into the Guinness Book of Records? We believe that we'll co-design what is best for our patients and community once they've told us what they thought of the above.

3. Third Parties:

We believe wholeheartedly in co-owning patient and community health. That's why we've always put a lot into creating valuable relationships with our third party network. This will not change. We all desire the best outcomes for Surrey's health, so any CSH involvement with third parties strengthens this ambition. These organisations often have a continuous and sustained dialogue around areas of mutual concern. Here's how we'll get to work with the third parties we have established relationships with:

- **LINKs:** opening our CPI Strategy and system to the chair of LINKs to see if they can share in our Tell Your Story innovation.
- **Surrey Coalition:** Surrey Coalition holds its AGM at Leatherhead Leisure Centre with over two hundred people attending. We will host a 'Tell Your Story' session as part of the event. Questions will be provided after consultation with Surrey Coalition. Output will be shared with Surrey Coalition and their members.
- **Surrey empowerment group:** asking for stories from the group on what 'empowerment' means to them. Taking this understanding will be of use to CSH in planning ways to build the capacity of patients and the community

to take better care of their health - another step towards revolutionising healthcare.

- **Surrey faith group:** attending a meet and asking faith leaders if they would like to hold a storytelling session of their own. The subject needs to be co-created, possibly around the subject of faith and healing.
- **GIRES:** the patient journey/story of a Gender Identity Patient will give us real insight into ways we can provide a better service for this group.
- **The League of Friends:** harnessing the power of volunteering. Would the League of Friends like to help us run the 'Tell Your Story' boards in the community hospitals? Maybe they would be interested in adding 'Saturday Storytelling' to 'Bingo Thursdays'
- **RNIB:** an oral storytelling session at an RNIB event will be offered with recording/transcription of the stories. Again, output will be shared with RNIB and solutions to patient insights shared and celebrated.
- **RNID:** as with RNIB, but the question will be written at the top of the 'Tell Your Story' Card.
- **SID:** we will work with the Social Information on Disability charity to develop new and innovative ways of hearing patient voices across the range of disabilities that they cover.

4. Advocacy:

Advocacy is the next step for CPI - the creation of highly engaged user groups, made up of patients, community members and third party organisations, recruited as a result of having their voice heard during the operating of the above. It will be phased in towards the end of year one and be fully active in year two.

Advocate groups will be drawn from all of the activity listed above and also from the forty service survey lines as, when and if the service lines perceive they will add value to CSH.

The wheelchair group is an example of a group that was not successful. We believe that the facilitation coaching we're considering offering to our co-owners as they sign up to help with 'Tell Your Story' events will start to lift the capability of the organisation in this realm.

The CSH Continence User Group is an example of an effective advocacy group. The group was drawn from engaged users and meets quarterly. It also meets with product reps to test new products on the market and recently helped create a 'Public Loo' guide for CSH all on volunteered time, so that the wider community could benefit from this knowledge.

The question arising around community empowerment through the harnessing of advocacy and volunteering is this: Do we ask the patients who helped us create the 'Public Loo' guide to help us train up other patients to enable them to help us create guides for CSH on subjects that matter to them?

This virtuous circle is on the CPI horizon for CSH, rather than appearing in the current iteration of this strategy, but we have big patient and community advocacy aspirations. It is all part of the healthcare revolution.

How do we build user groups at CSH?

The CSH Continence User Group was built by our co-owners, specifically the clinicians within the Continence Service. They had human contact with their patients and invited the users of the service to form a user group. Careful attention was given to ensuring the group was made up of a diverse range of users, content Continence Service users and critics alike. Terms of reference, meeting format and agendas were set to give the group structure and meaning. This User Group has been running successfully for over two years, so much so that the Continence User Group helped create the 'Public Loo' leaflet.

Each service line will have an opportunity to build its own User Group. We will take the Continence User Group example and use it as the basis for a User Group Guide. The User Group Guide can then be sent by the CBU lead to their clinical management team with the question 'What does your User Group look like, how can your User Group involve and consult your patients in the planning and provision of services as the Continence Service did with their user group?'

Through the application of the User Group guide, the clinical management teams will be shown how they can create their own User Group and meet statutory requirements to involve and consult their patients in the planning and provision of services.

Social networking is evolving fast and we will be looking at ways of harnessing successful online patient community voice networks such as Patient Opinion.

6.

Year One Work Plan – Year One

Quarter 1	Gathering Info from Patients	Interpreting and utilising the data	Communicating with the community
Month 1	<ul style="list-style-type: none"> Meet Designer to design Tell Your Story (TYS) cards, posters, drop boxes CQUIN Dynamic Survey creation for LTC, STC, C&F 	<ul style="list-style-type: none"> Build Knowledge Bank (KB) with Formic support Import Complaints and Compliments to KB as pilot data mine Monthly Performance Report to include CPI survey results Core Brief CPI Report including patient story supported by statistical results LTC CBU Meeting. Meet with clinical management team to present CPI BU findings and co-create solutions 	<ul style="list-style-type: none"> Day Tell Your Story Facilitation Training for Comms team et al Book and plan Surrey Show
Month 2	<ul style="list-style-type: none"> Review TYS Cards, posters, drop boxes CQUIN Dynamic Survey approval for LTC, STC, C&F 	<ul style="list-style-type: none"> MPR Core Brief STC CBU Meeting. 	<ul style="list-style-type: none"> Makaton Army kick off LINKs Tell Your Story innovation share

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				<ul style="list-style-type: none"> Surrey Coalition AGM host TYS session
Month 3	<ul style="list-style-type: none"> Launch TYS Cards, posters, drop boxes You Said – We Did poster campaign CQUIN Dynamic Survey launch for LTC, STC, C&F Chronic Pain Service Survey voice element data request 	<ul style="list-style-type: none"> MPR Core Brief C&F CBU Meeting. 	<ul style="list-style-type: none"> Contact Radio Jackie about CSH Tell Your Story slot League of Friends ‘Saturday Storytelling’ training Thank you card sweep and input to KB 	

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Key Milestones/targets:

- CQUIN Survey launched for LTC, STC, C&F
- Launch of Tell Your Story cards
- Establishment of Formic Knowledge Bank
- 800 stories populating the Knowledge Bank

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Quarter 2	Gathering Info from Patients	Interpreting and utilising the data	Communicating with the community
Month 4	<ul style="list-style-type: none"> CQUIN Survey in field LTC, STC, C&F Chronic Pain Service Survey voice element data merge with Knowledge Bank Co-owner Spirit request nominations 	<ul style="list-style-type: none"> MPR Core Brief STC CBU Meeting. 	<ul style="list-style-type: none"> Surrey Empowerment Board Tell Your Story
Month 5	<ul style="list-style-type: none"> CQUIN Survey in field LTC, STC, C&F Co-owner Spirit nominations input to Knowledge Bank Dynamic Survey LTC subject setting 	<ul style="list-style-type: none"> MPR Core Brief STC CBU Meeting. 	<ul style="list-style-type: none"> Radio Jackie CSH Tell Your Story broadcast slot Surrey Faith Tell Your Story
Month 6	<ul style="list-style-type: none"> CQUIN Survey in field LTC, STC, C&F 	<ul style="list-style-type: none"> MPR Core Brief STC CBU Meeting. 	<ul style="list-style-type: none"> Thank you card sweep and input Contact GIRES for

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		analysis • User Group Guide research and planning		
Month 11		• Dynamic Survey LTC, STC, C&F report findings • User Group Guide production • Dynamic Survey year 2 planning, to achieve 12 Dynamic surveys year 2.	• MPR • Core Brief • STC CBU Meeting.	• Trojan Horse
Month 12		• User Group Guide delivery to clinical management team • You Said – We Did poster campaign	• MPR • Core Brief • STC CBU Meeting.	• Radio Jackie Tell Your Story broadcast slot • Plan Your Legacy

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Key Milestones/targets:

- 3800 stories populating the Knowledge Bank (10% target met)
- Analysis of Dynamic Survey data
- Plan Your Legacy Event
- User Group activation

7.

Conclusion

This CPI Strategy sits at the heart of our co-owned social enterprise. It puts patient and community voice where it should be, on the front line of the community health revolution.

This CPI Strategy is a transformation programme that will embed methodologies that, in turn, enable us to put patient and community voice at the heart of service review and improvement.

We've set out how it will be done and shown the way forward for year two and beyond. We will clearly hear the voice of the user and our communities and we will celebrate it as a force with which to engage, create or manage change and prompt for innovation.

Meeting our key objectives

This CPI strategy:

- is clear about how we are going to **gather, hear and act upon patient and community voices**
- reflects the **CSH strategy, mission and values**
- is driven by our **co-owned desire to revolutionise healthcare**
- finds **innovative ways to meet CQC and emerging inspection authority targets.**
- ensures **all services have a method by which to gather patient voice/story**
- **gathers the voices of 10% of our service users annually**
- **makes community and patient involvement work for all audiences, especially the hard-to-reach**
- delivers **a clever, but intuitive operating system that asks openly how our patients and the community feel about us**, enabling us to capture the response in ways that feel human and then store, intuit, share content and learning dynamically
- provides **a clear feedback mechanism that integrates user engagement with service delivery/development and change**
- reflects **current best practice around CPI** and shapes a new understanding of best and creative practice.

Gerard, a podiatrist and newly joined co-owner: *"I think it is a good idea. My last post was in private healthcare in Singapore. They had a patient feedback system embedded in the service, so that after a while, it became second nature to fill out the questionnaire face-to-face with the patient. It was just another part of the service."*

Appendix

CPI sixty best practice list drawn from CQC 'Listening, Learning, Working Together? A practice briefing with examples of how healthcare organisations engage local people in planning and improving their service.

- Parent Committee
- Patient Forum
- User Involvement Group
- Audit Group
- Interview Panels
- Study Days
- Education Workshops
- Conferences
- Life Story
- Forum
- Feedback Mechanism
- Patient Participation Group
- Public Meeting
- Patient Representation on Strategy Group
- Clinical Working Group
- Community Radio
- LINK Engagement
- Engagement Report
- Face-to-Face Dialogue
- Debate
- Recognition Remuneration
- Joint Service User & Carer Forum

- Org-Wide Service Review
- National Patient Survey & Inpatient Reviews
- Web-Based Feedback System
- Hand-Held Trackers
- YP Workshops
- Patient Action Team Audit
- Health Development Network
- Active Service User Database
- Engagement Steering Group
- Patient Panel
- Listening Board
- Telephone Survey
- Volunteer Events
- Personal Feedback Letter
- Specialist Speakers
- Video
- Population Mapping
- Equitable Access
- Biz Planning Workshop
- PALS Data
- Patient & Carer Council
- Governor Drop-Ins
- Mystery Shopper
- Patient Membership Programme
- User Conference
- Partnerships for Older People
- Feedback Report
- Facebook
- Texting
- Carer's Week
- Carer's Magazine
- HR Involvement
- User Group Instant Feedback
- Local Press Voucher
- VT Voting System
- Street Canvassing
- Decision Making Workshops
- Tender & Procurement Involvement
- Art & Design Workshop
- Service Pathway Co-Creation
- Snapshot of Service